

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

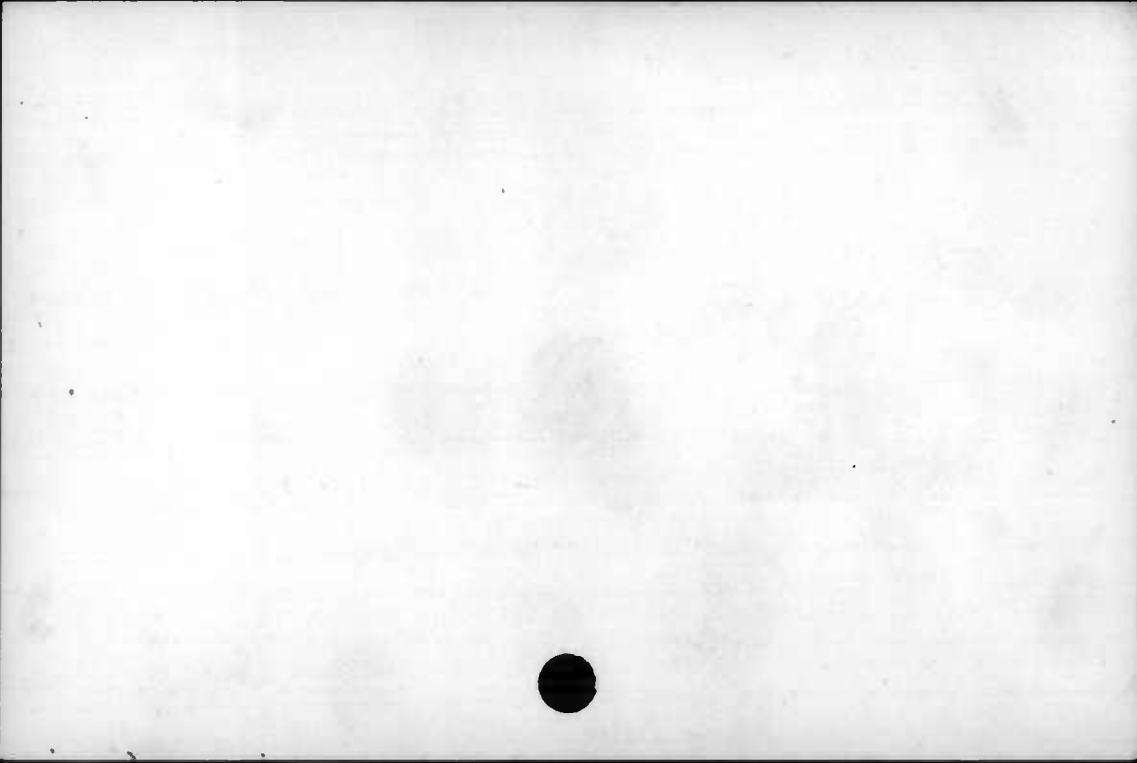
Name <i>Joseph Cottman</i>		Town <i>Dublin Dist</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Dublin Dist</i>		Month <i>April</i>		Day <i>15</i>		Years <i>58</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Somerset Co</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Dublin Dist.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Cora Neverson</i>					
Father's Name <i>Leura Cottman</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>Leah Bowland</i>		Mother's Birthplace <i>11 11</i>					
Name of person giving information <i>Cora Cottman</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Valvular heart</i>		How long <i>4 months</i>	
Immediate <i>dropsy asthma &amp; collapse</i>		How long <i>2 1/2</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. D. Dummer</i>	
		Address <i>Princeton City Md</i>	
Accident or Suicide?			



Name  
in  
Full

Summer W. Dana

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

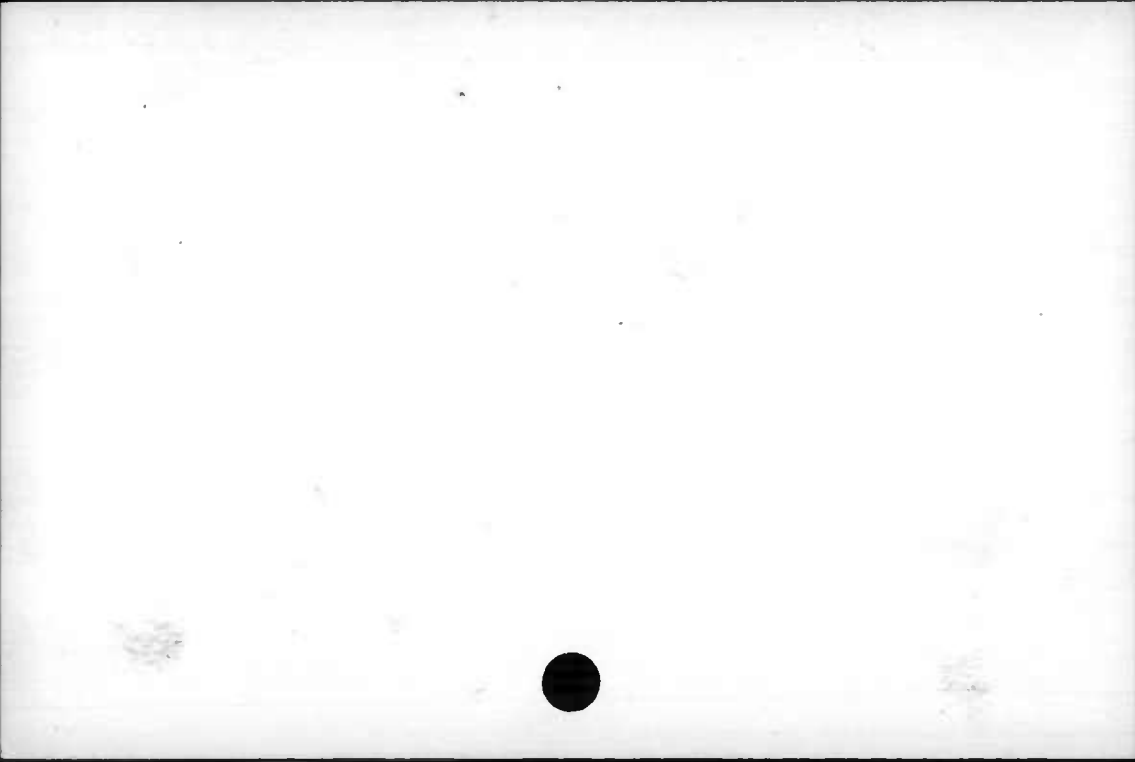
Died at <u>Cresfult</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	April	Day	30
Age		72		Months	
Sex	Male	Color or Race	White	Birth-place	New Hampshire
Occupation	Ship Carpenter		Where Residing if not at place of death	Cresfult Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Emily Dana		
Father's Name	Thomas W. Dana		Father's Birthplace	New Hampshire	
Mother's Maiden Name	Emily Phoebe A. Smith		Mother's Birthplace	New York State	
Name of person giving Information	Emily Dana		How related to deceased	Wife	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<u>Apoplexy</u>	How long	<u>Sudden</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>S. W. Emery</u>	
Address		<u>Cresfult Md.</u>	
Accident or Suicide		<u>Sub-Register</u>	



Name  
in  
Full

Hampton H. Washell

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Princess Anne**Somerset*

Date

Month

Day

Years

Months

Days

of death 1908

April

3

Age

72

Sex

male

Color or  
Race

Black

Birth-  
place

md.

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Leah Washell

Father's  
Name

Morris King

Father's  
Birthplace

md

Mother's  
Maiden Name

Jennie

Mother's  
Birthplace

md.

Name of person giving  
information

Rufus Washell

How related  
to deceased

son.

## CAUSES OF DEATH

66

Primary

Paralysis

How long

4 yrs.

Immediate

Asthma

How long

about 1 mo

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

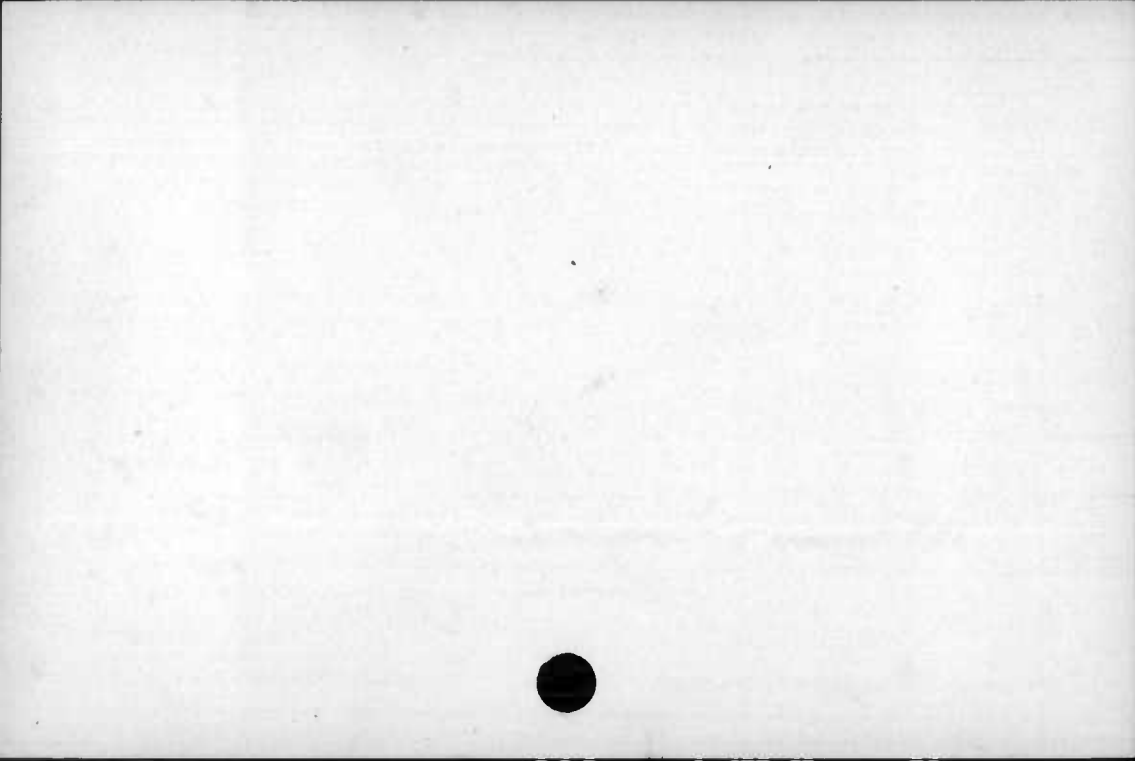
Chas. T. Fisher M.D.

Address

Princess Anne, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lewis Devaughn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

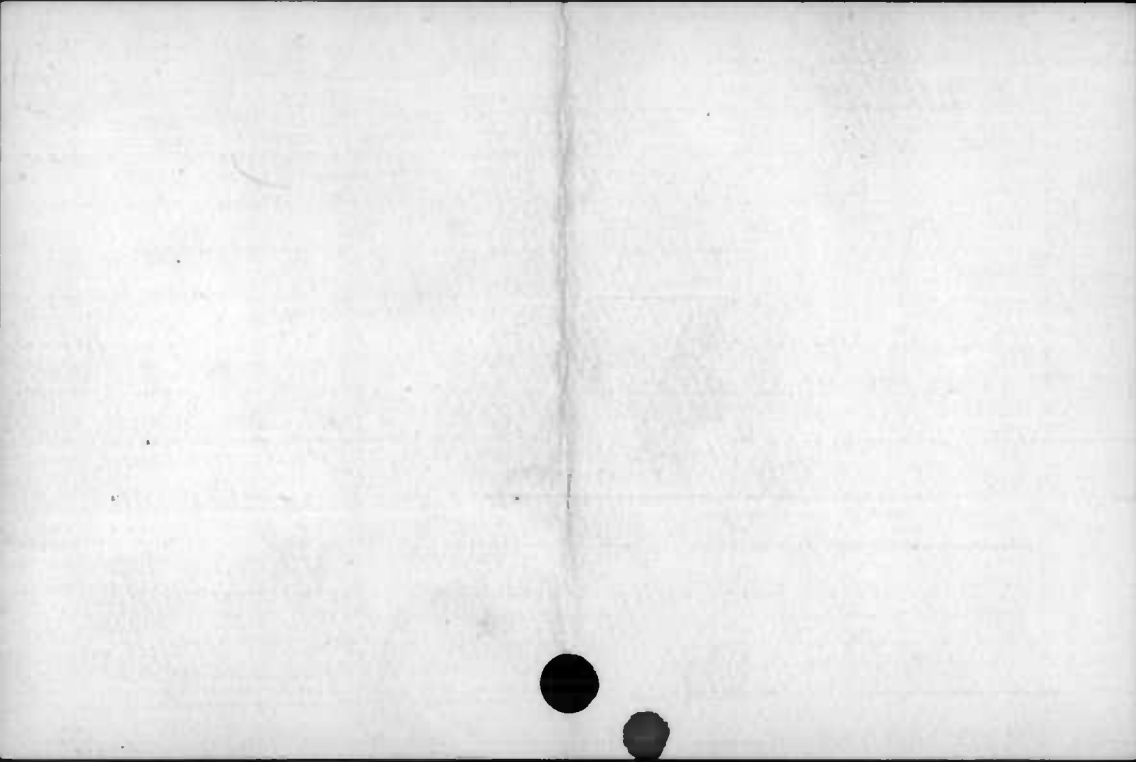
Died at <i>Deals Island</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i> <sup>Month</sup> <i>April</i> <sup>Day</sup> <i>9</i>		Age <i>49</i> <sup>Years</sup>		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Washington</i>	
Occupation <i>Mariner</i>		Where Residing if not at place of death <i>Deals Island</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lattie Devaughn</i>			
Father's Name <i>Walter Devaughn</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Mary Devaughn</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Lattie Devaughn</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>9 yrs</i>
Immediate <i>Asthma</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Alexander</i>
<i>Yes</i>	Address <i>Somerset Va</i>
Accident or Suicide?	





Name in Full <i>Julia Anne Dize</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Crisfield</i> <small>Town</small>	<i>Somerset</i> <small>County</small>	
	Date of death <i>1908</i> <small>Month</small> <i>Apr</i> <small>Day</small> <i>22</i> <small>Years</small> <i>65</i> <small>Months</small> <i>—</i> <small>Days</small> <i>—</i>		
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hopewell Md</i>
	Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>	
	Married, Single or Widowed <i>married</i>	Name of <del>Wife or</del> Husband <i>Charles W. Dize</i>	
	Father's Name <i>Mitchell Evans</i>	Father's Birthplace <i>Hopewell Md</i>	
	Mother's Maiden Name <i>Rebecca Dougherty</i>	Mother's Birthplace <i>Hopewell Md</i>	
Name of person giving information <i>Nancy Nelson</i>	How related to deceased <i>Sister</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Chronic Diarrhoea</i>	How long <i>2 year</i>	
	Immediate <i>Exhaustion</i>	How long <i>—</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. Keel</i>	
	<i>—</i>	Address <i>Crisfield Md</i>	
	Accident or Suicide? <i>no</i>		

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Name  
in  
Full

*H. M. Tubman Dwyden*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

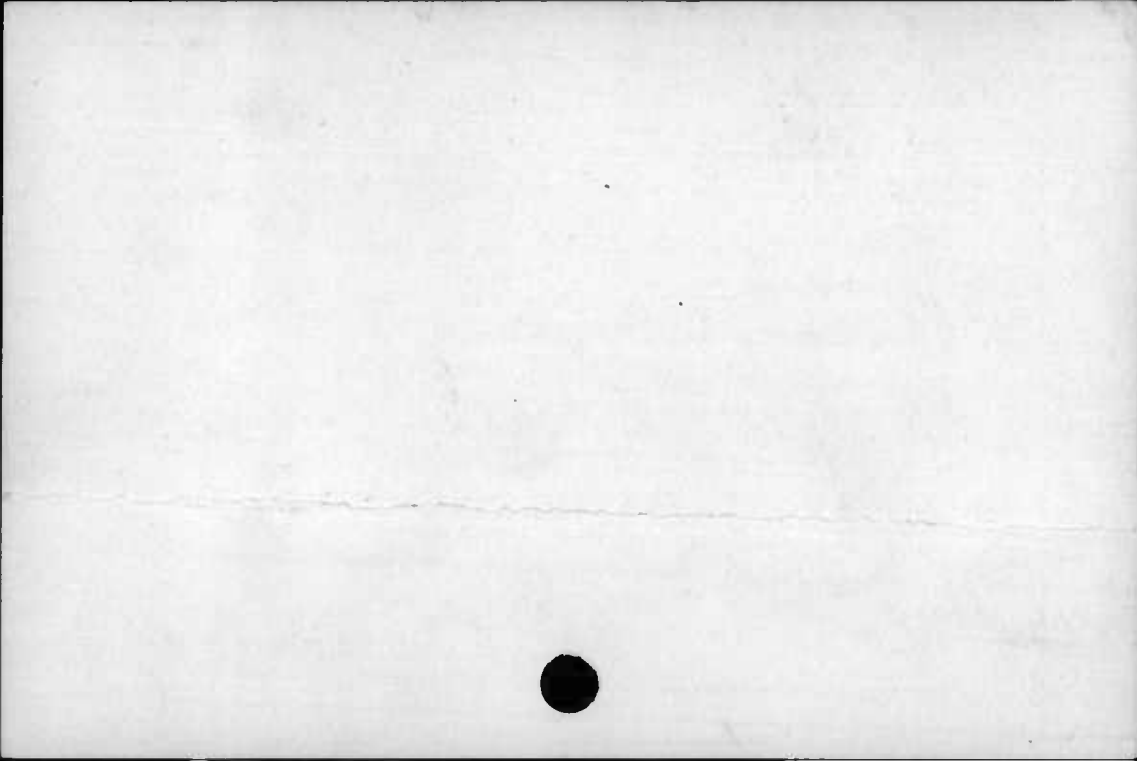
Died at <i>Rehoboth</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>4</i>	Day	<i>10</i>	Age	<i>82</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>		Months <i>6</i> Days <i>-</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>Thomas A. Dwyden</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Gray Hillis</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Esther E. Dwyden</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

**93**

PHYSICIAN  
OR CORONER

Primary	<i>Emphysema</i>	How long	<i>5 days</i>
Immediate	<i>Sudden Collapse</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Wilson</i>	
		Address <i>Pennock City</i>	
Accident or Suicide? <i>✓</i>			



Name  
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Full

Stewart Evans

## CERTIFICATE OF DEATH

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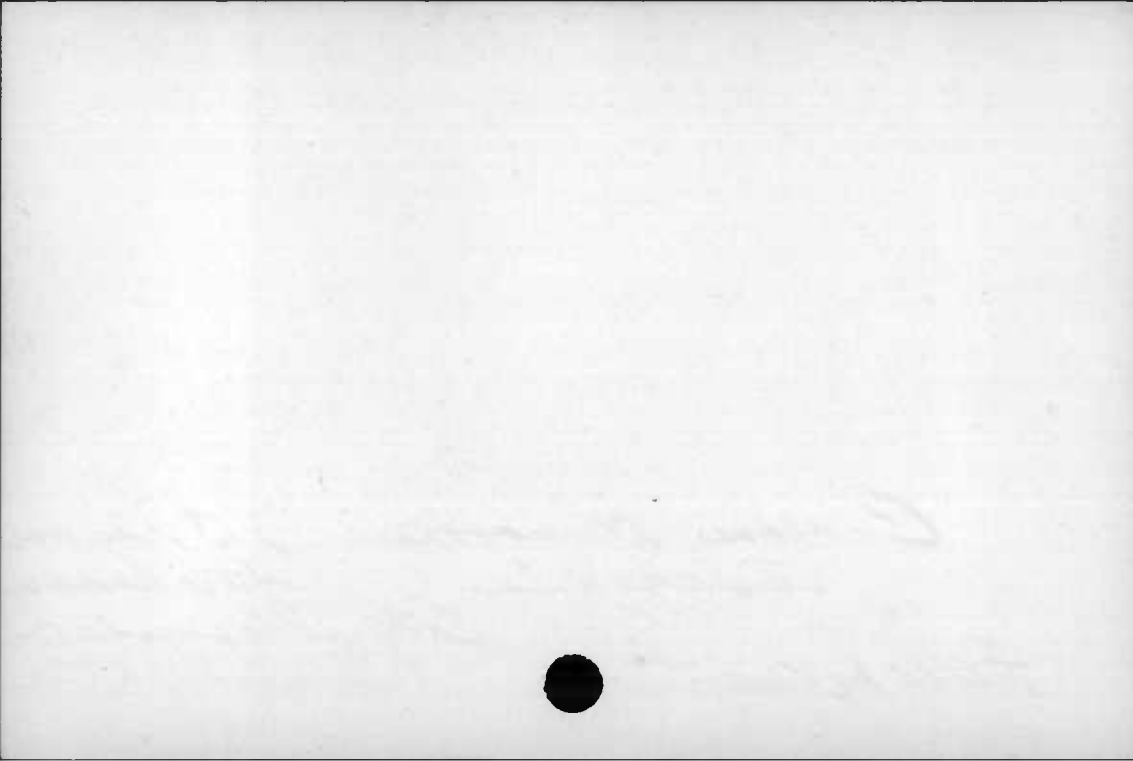
Died at <i>Trisfield</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Apr</i>	Day <i>12</i>	Age <i>—</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Trisfield Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>+</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>+</i>			
Father's Name <i>Stewart Evans</i>			Father's Birthplace <i>Trisfield Md</i>		
Mother's Maiden Name <i>Isabell Maddox</i>			Mother's Birthplace <i>Trisfield Md</i>		
Name of person giving information <i>Jno Maddox</i>			How related to deceased <i>Grand Father</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Bronchopneumonia</i>	How long <i>14 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Hall</i>
Address <i>Trisfield Md</i>	
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Deal Island* TownCounty *Somerset*Date  
of death *1908* 4

Month

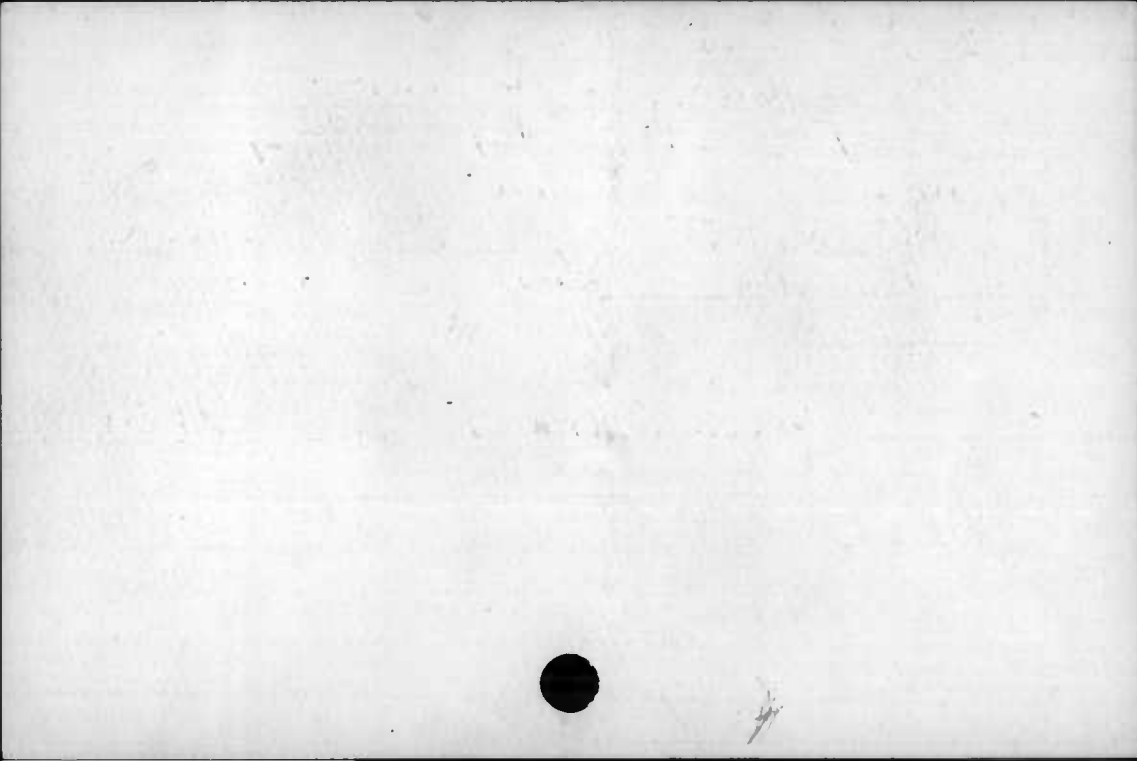
Day *26*Age *84* YearsMonths *-4*Days *-*Sex *Male*Color or  
Race *White*Birth-  
placeOccupation *Carpenter*Where Residing if not  
at place of death *Deal Island*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Susan L. Evans*Father's  
Name *Wallace Evans*Father's  
Birthplace *Somerset*Mother's  
Maiden Name *Mary Ann Waller*Mother's  
Birthplace *" "*Name of person giving  
information *Susan L. Evans*How related  
to deceased *Wife*

## CAUSES OF DEATH

How long *64*Primary *Cerebral Hemorrhage*Immediate *Asphyxia*How long *4 to 6 hours*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician *Dr. G. Alexander*Address *Somerset Co.**Killed by undertaker*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

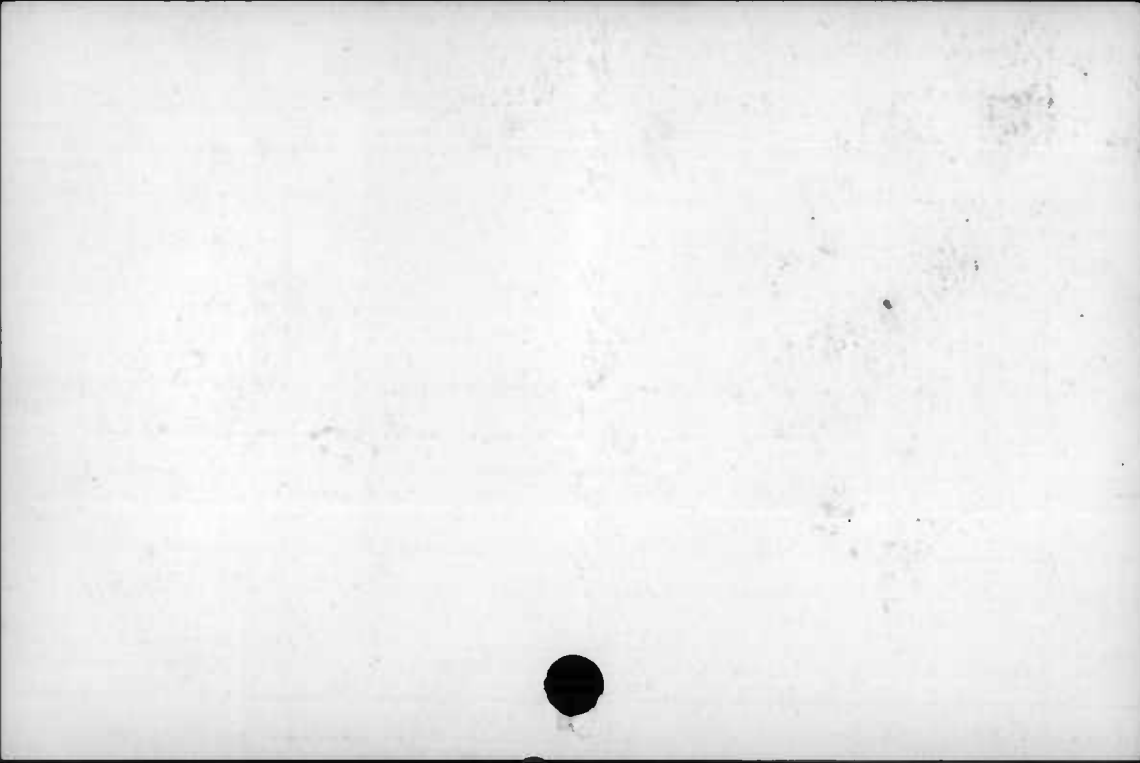
Name *Belle Fisher* Town *Seals Island* County *Somerset*  
Died at *Seals Island*  
Date of death *1906 April 18* Age *30* Months *11* Days *21*  
Sex *Female* Color or Race *White* Birth-place *md*  
Occupation *Housewife* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband *Will Fisher*  
Father's Name *James C. Harris* Father's Birthplace *md*  
Mother's Maiden Name *Josephine Eaton* Mother's Birthplace *md*  
Name of person giving information *Will Fisher* How related to deceased *Husband*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Phthisis Pulmonalis* How long *Two yrs.*  
Immediate *Exhaustion* How long *Three mos.*  
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Chas. J. Schwabke.*  
Address *Seals Island, Md*  
Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

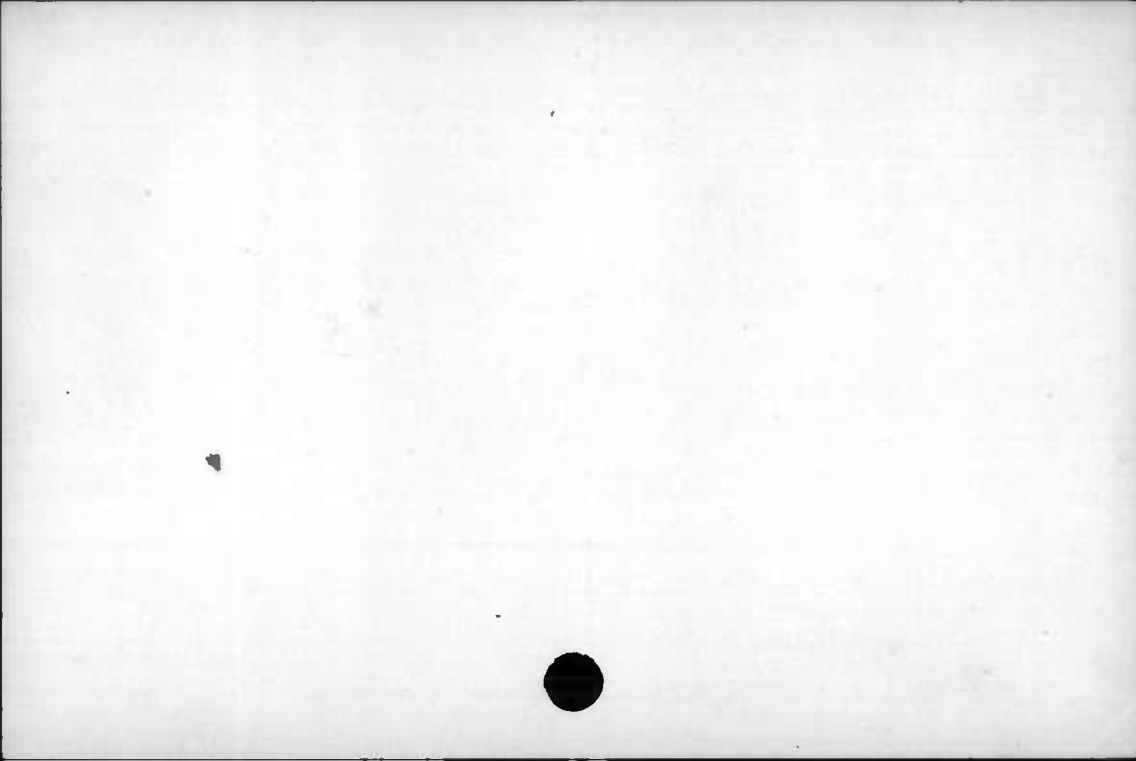
Name in Full <b>John Wesley Harris</b>		Town <b>Deal's Island</b>		County <b>Somerset</b>		MAYLAND	
Died at <b>Deal's Island</b>		Month <b>April</b>		Day <b>18</b>		Years <b>34</b>	
Date of death <b>1901</b>		Month <b>April</b>		Day <b>18</b>		Years <b>34</b>	
Sex <b>Male</b>		Color or Race <b>Caucasian</b>		Birth-place <b>Maryland</b>		Months <b>-</b>	
Occupation <b>Wood Sawyer</b>		Where Residing if not at place of death <b>Deal's Island Md</b>		Days <b>-</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>-</b>					
Father's Name <b>Washington Harris</b>		Father's Birthplace <b>Virginia</b>					
Mother's Maiden Name <b>Eliza Harris, went by name</b>		Mother's Birthplace <b>Maryland</b>					
Name of person giving information <b>William J Harris</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

158

PHYSICIAN  
OR CORONER

Primary <b>Become Insane</b>	How long <b>6 weeks</b>
Immediate <b>Drowned. (Suicide)</b>	How long <b>12 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Geo B. Horner, Local</b>
	Address <b>Deal's Island, Som. Co. Md</b>
Suicide? <b>No</b>	



Name in Full		Mary Jane Horsey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hopewell	County Somerset		MARYLAND	
	Date of death		1908	Month Apr	Day 18	Age 73	Months Days
	Sex		Female		Color or Race		White
	Occupation		Housewife		Where Residing if not at place of death		—
	Married, Single or Widowed		married		Name of Wife or Husband		John J. Horsey
	Father's Name		James Lawson		Father's Birthplace		Lawsonia Md
	Mother's Maiden Name		Mary Nelson		Mother's Birthplace		Lawsonia Md
Name of person giving information		Harnet Nelson		How related to deceased		Sister	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">90</div>							
PHYSICIAN OR CORONER	Primary		Acute Bronchitis			How long 2 days	
	Immediate		Heart Failure			How long 6 hours	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		N. F. Heall
					Address		Crifield Md
Accident or Suicide?		no					



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 190

Town

Month

Day

Age

County

Years

Months

Days

MARYLAND

Sex

Color or  
Race

Birth-  
place

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
In formation

How related  
to deceased

CAUSES OF DEATH

152

Primary

Immediate

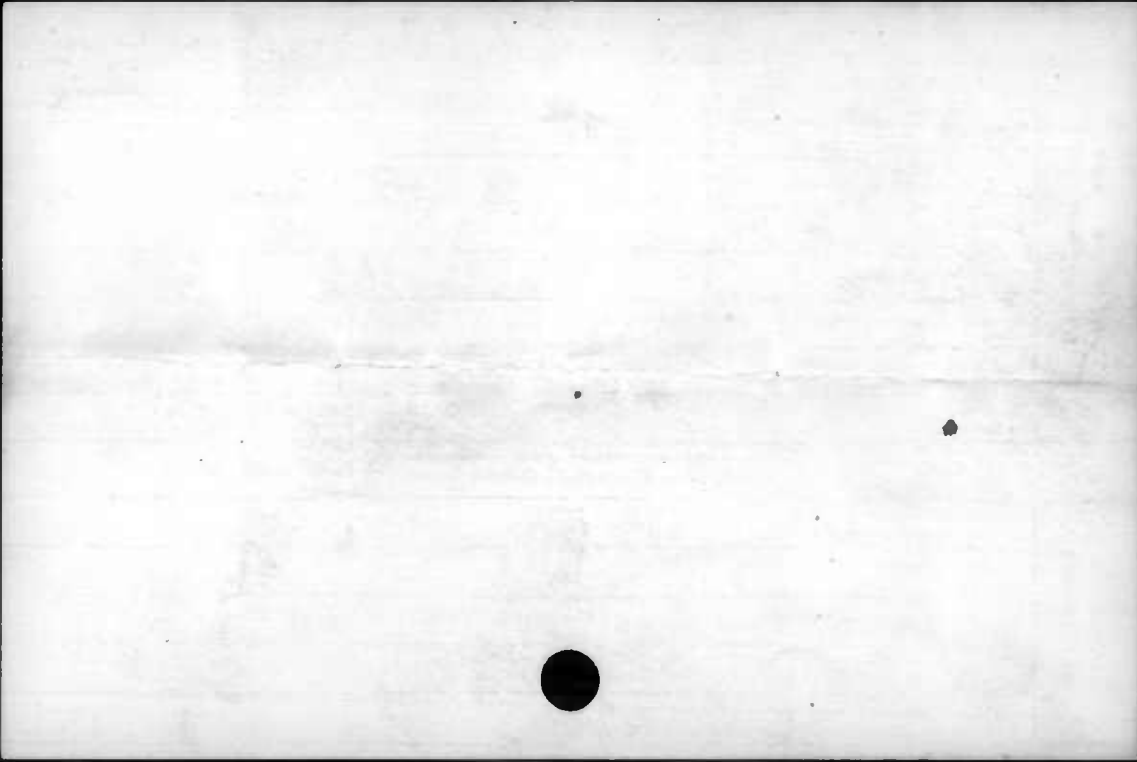
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

George B. Maddux

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Crisfield</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death 1908 <u>April</u> <sup>Month</sup>		<u>11</u> <sup>Day</sup>	<u>Sixty</u> <sup>Years</sup>	<u></u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Crisfield Md</u>			
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>Crisfield Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband				
Father's Name <u>Elijah Maddux</u>	Father's Birthplace <u>Worcester Co. Md</u>				
Mother's Maiden Name <u>Dorothy Kuever</u>	Mother's Birthplace				
Name of person giving Information <u>Elwood Maddux (son)</u>			How related <u>Son</u>		

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary Cancer of Stomach <sup>How long</sup> Two years

Immediate                      <sup>How long</sup>                     

Are the name, age, sex, color, date and place correctly given above?

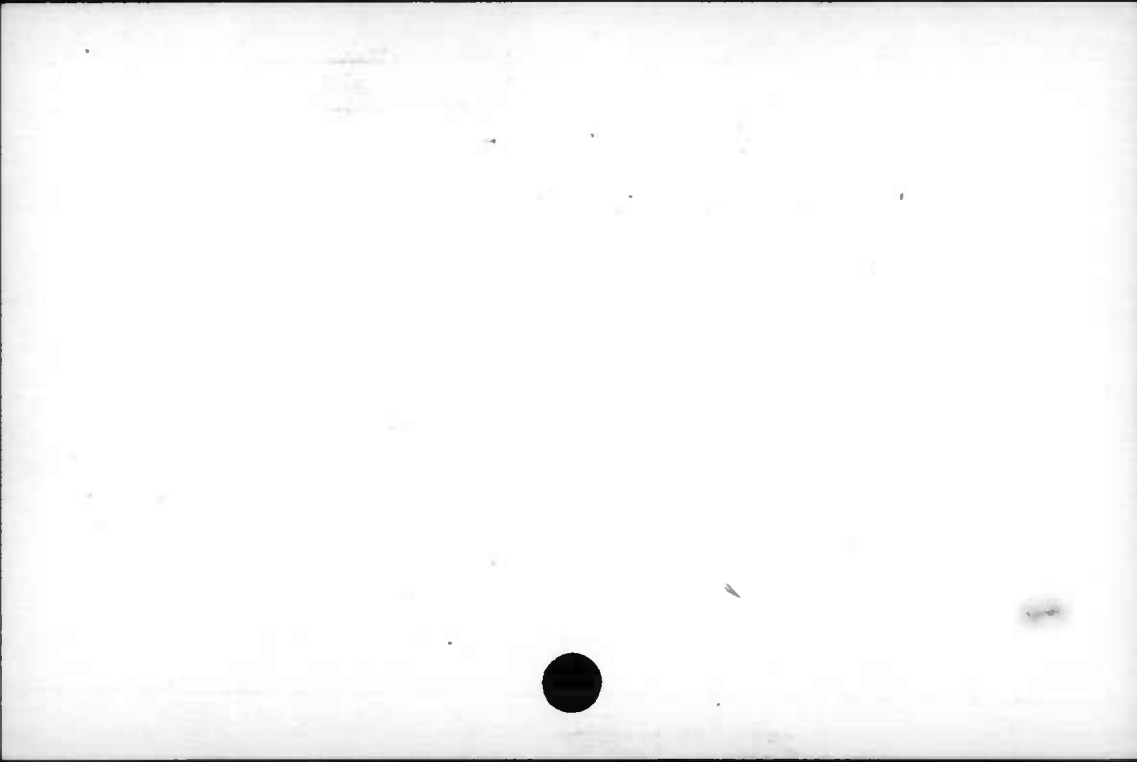
yes

Signature of Physician

Address

J. W. Emmery  
Crisfield Md  
Sub Registrar

Accident or Suicide



Name  
in  
Full

Infant (Melbourne)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>San Francisco Cal.</i>		Town <i>San Francisco</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>22</i>	Age <i>✓</i>	Years <i>✓</i>	Months <i>✓</i>	Days <i>four hours</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>ind.</i>				
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>				
Father's Name <i>Geo. Melbourne</i>				Father's Birthplace <i>ind.</i>			
Mother's Maiden Name <i>Mary Holmes</i>				Mother's Birthplace <i>ind.</i>			
Name of person giving information <i>Wm. Holmes</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary *Weak at birth*

How long

Immediate

How long

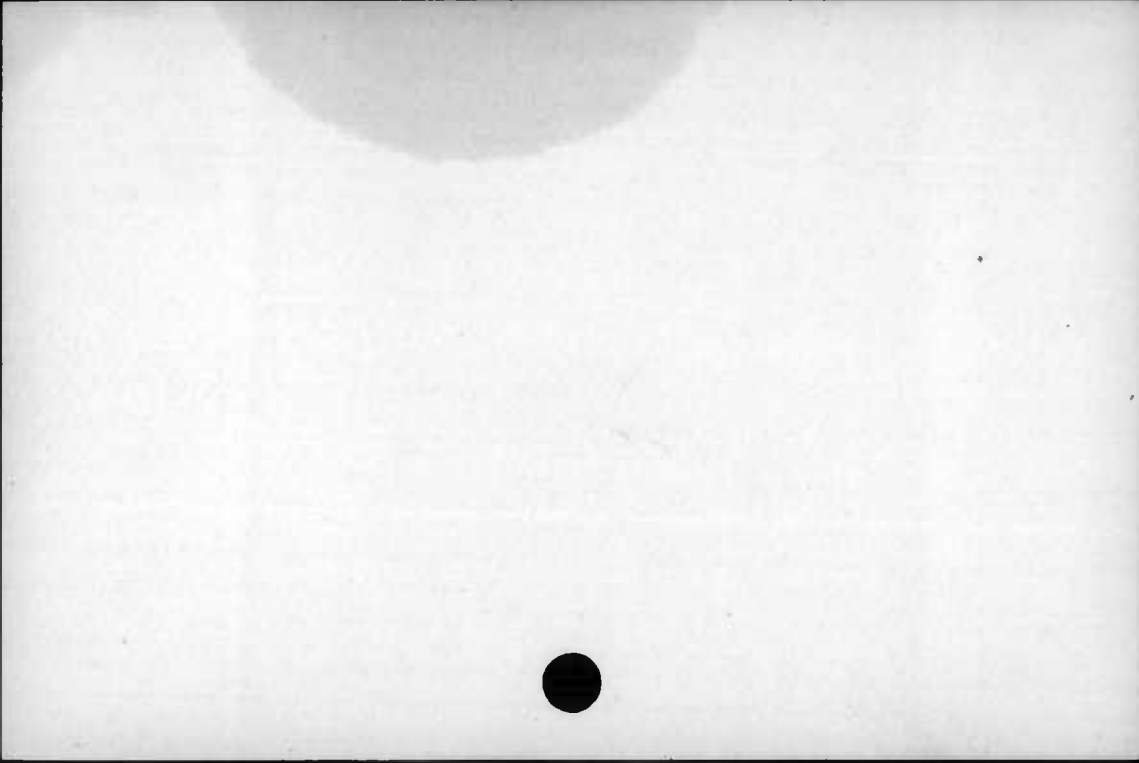
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*A. J. Smith (Not in attendance)*  
*Prague ind.*

Accident or Suicide?



Name  
in  
Full

William H. Pittman

## CERTIFICATE OF DEATH

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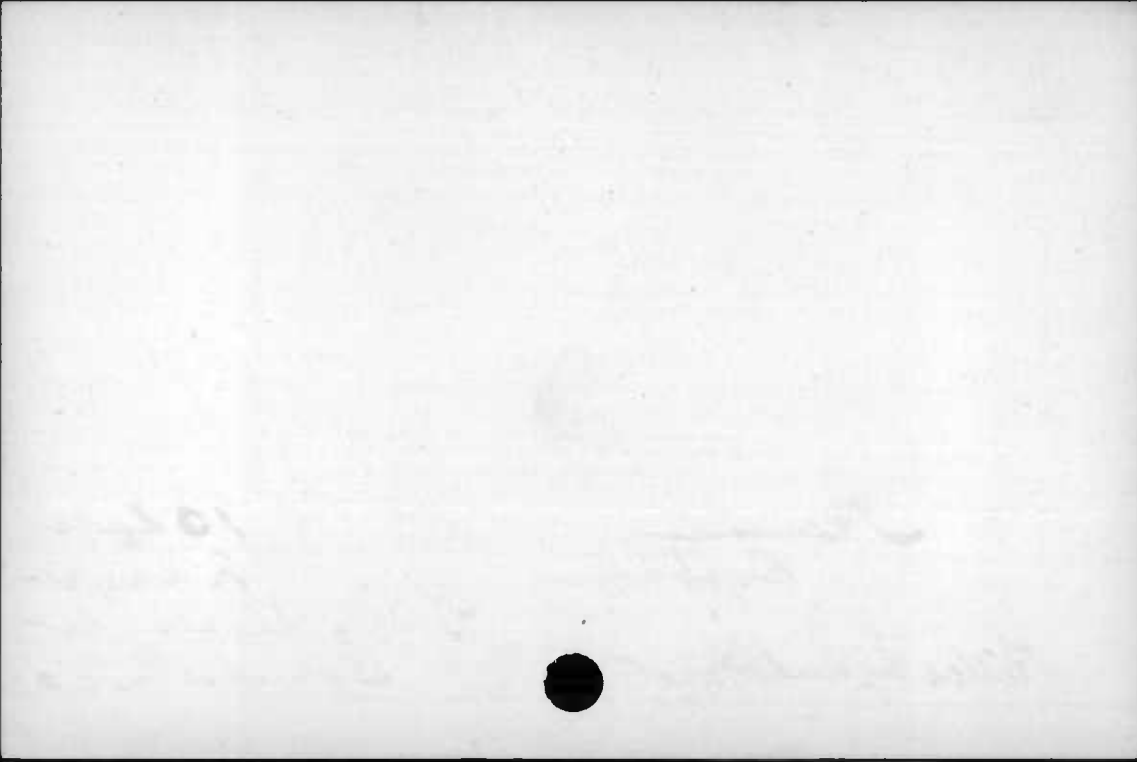
Died at <i>Hopewell</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>Apr</i> <small>Day</small> <i>21</i>		Age <i>43</i> <small>Years</small>		<small>Months</small>	<small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Med</i>			
Occupation <i>Cyrtman</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Dora. Laird</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>2 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Heall</i>
<i>9</i>	Address <i>Crusfield Md</i>
Accident or Suicide? <i>—</i>	



Name  
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## CERTIFICATE OF DEATH

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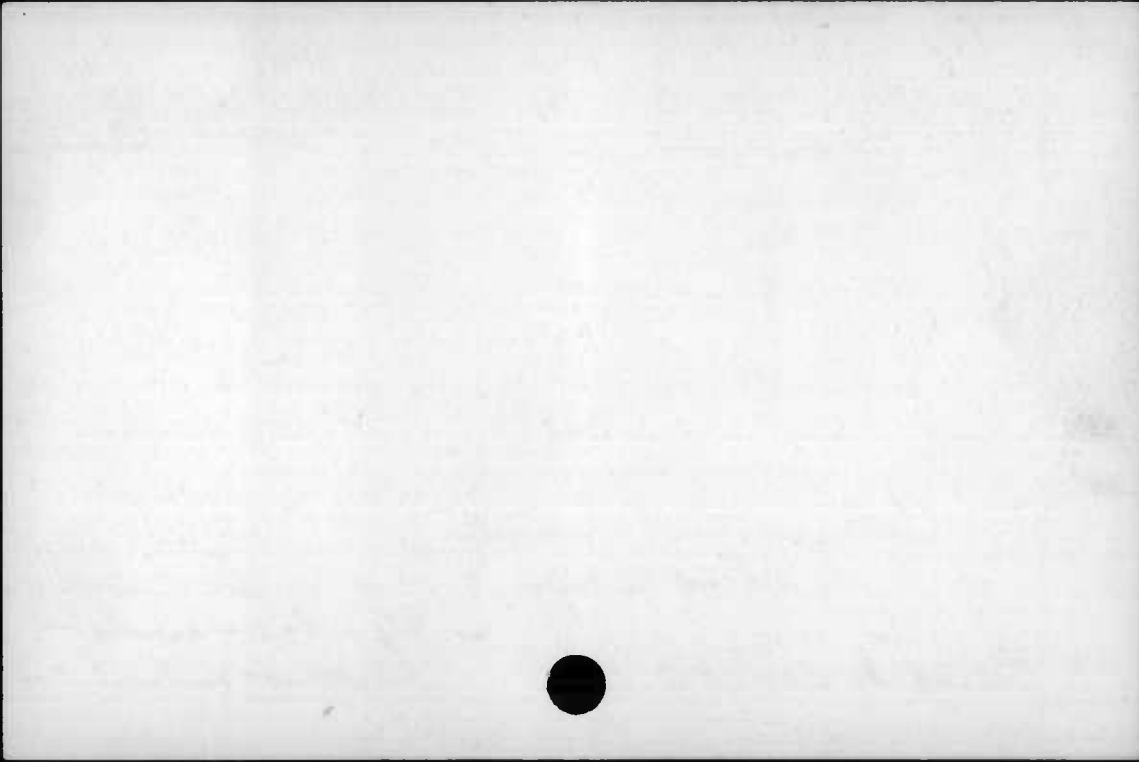
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		Name of person giving information		How related to deceased	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	





Name  
in  
Full

No Name

Shores

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

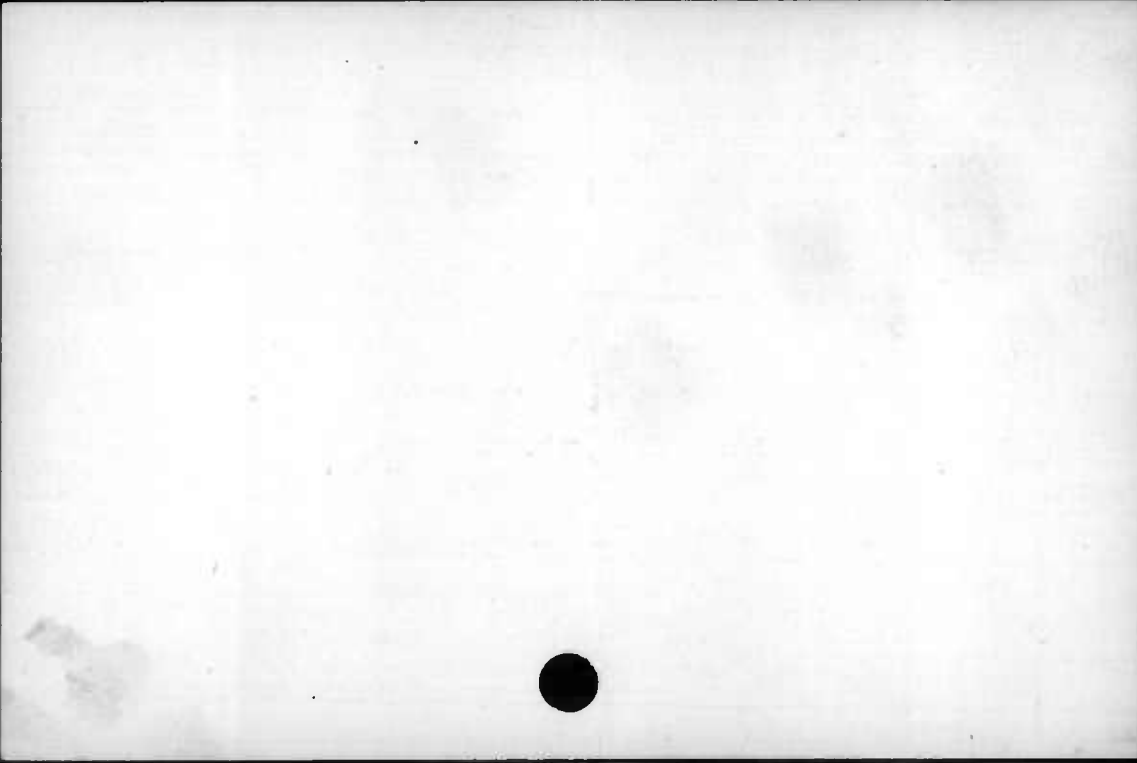
Died at <b>Deals Island</b> Town		<b>Somerset</b> County		MARYLAND	
Date of death	<b>190</b> Month	<b>10</b> Day	Age	Years	Months <b>3</b> Days
Sex	<b>Male</b>		Color or Race	<b>White</b>	
Occupation			Birth-place	<b>Deals Island.</b>	
Where Residing if not at place of death			<b>Deals Island Md.</b>		
Married <del>Single</del> or Widowed		Name of Wife or Husband			
Father's Name		<b>Isaac J. Shores</b>		Father's Birthplace <b>Maryland</b>	
Mother's Maiden Name		<b>Ada F. Shores</b>		Mother's Birthplace <b>Maryland</b>	
Name of person giving information		<b>Isaac J. Shores</b>		How related to deceased <b>Father</b>	

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary	<b>Congenital Debility</b>	How long	<b>3 days</b>
Immediate	<b>Aschemia</b>	How long	<b>3 days</b>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <b>J. H. Alexander</b>	
Filled by undertaker		Address <b>Somerset Co.</b>	
Accident or Suicide?			



Name  
in  
Full

Indivimus Frances Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

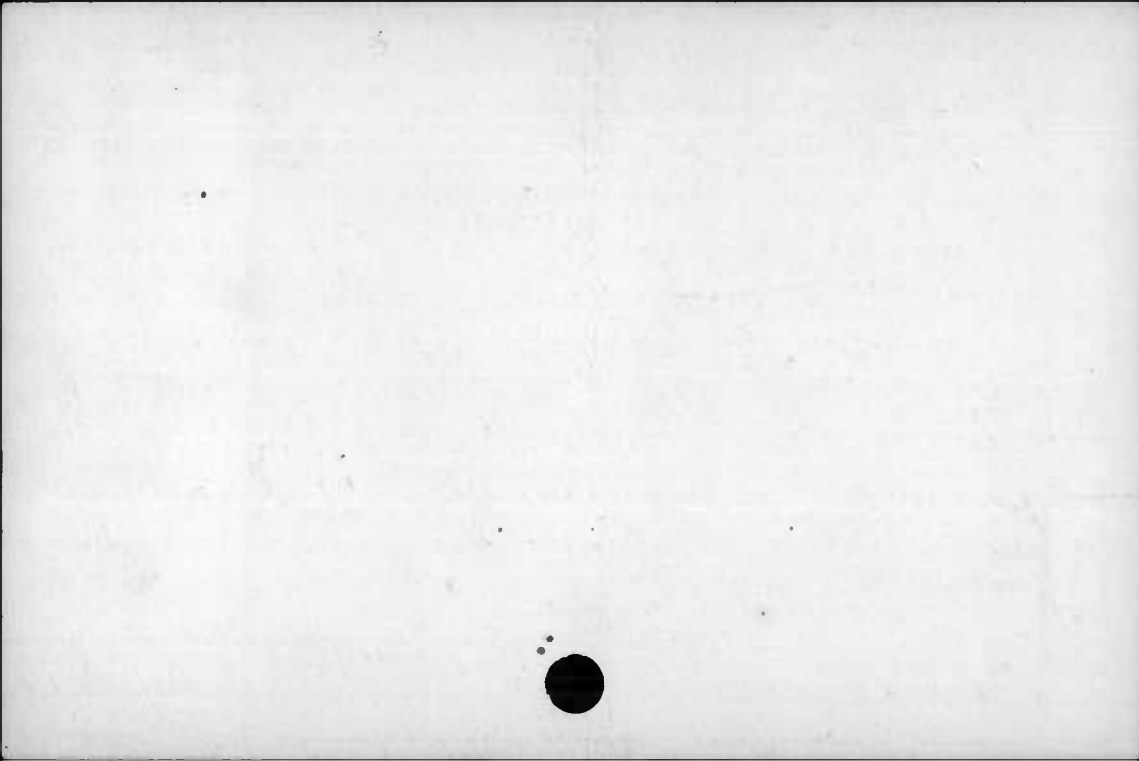
Died at		Town Marion		County Somerset		MARYLAND	
Date of death	1908	Month Apr	Day 3	Age	62	Months 11	Days —
Sex	Female		Color or Race	White		Birth-place	Stonewell
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Stope Ward			
Father's Name	John Parnell					Father's Birthplace	Stonewell Ma
Mother's Maiden Name	Berchely Somers					Mother's Birthplace	Stonewell Ma
Name of person giving information	Hope Ward					How related to deceased	Wife

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary	Unknown - ✓	How long	
Immediate	Sudden	How long	Found dead
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W F Hall	
		Address Griffith Ma	
Accident or Suicide?			



Name  
in  
Full

Theo Hartley Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

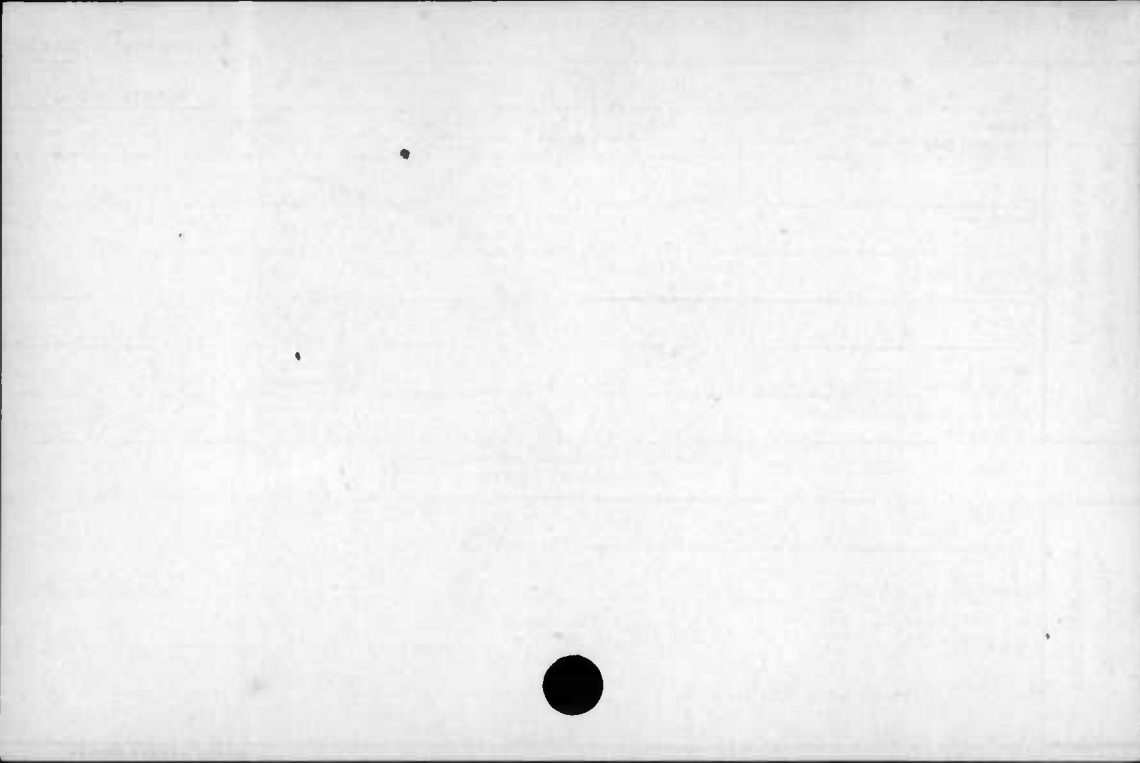
Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Apr</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age	<i>11</i> <small>Years</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth place	<i>Lawsonia Md</i>
Occupation			Where Residing if not at place of death		
			<i>Lawsonia Md</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>William E. Ward</i>		Father's Birth place	<i>Lawsonia Md</i>	
Mother's Maiden Name	<i>Theodosia Tawes</i>		Mother's Birth place	<i>Crisfield Md</i>	
Name of person giving information	<i>Wesley Tawes</i>		How related to deceased	<i>brother</i>	

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<i>Membranous Croup</i>	How long	<i>48 hrs</i>
Immediate	<i>Pulmonary oedema</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm. H. Coulbourn</i>
<i>yes</i>		Address	<i>Crisfield Md</i>
Accident or Suicide?			
<i>no</i>			



Name in Full		Sallie McGfall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Dunes Quarter</i>		County <i>Somerset</i>		MARYLAND	
	Date of death		1908	Month <i>apr.</i>	Day <i>16th</i>	Age <i>28</i> Years		Months
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Somerset Co.</i>			
	Occupation <i>Housewife</i>		Where Residing if not at place of death					
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clarence McGfall</i>					
	Father's Name <i>Arthur Roberts</i>		Father's Birthplace <i>Somerset Co.</i>					
	Mother's Maiden Name <i>Nancy Jones</i>		Mother's Birthplace <i>Somerset Co.</i>					
	Name of person giving information <i>Clarence McGfall</i>		How related to deceased <i>Husband</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>								
PHYSICIAN OR CORONER	Primary		<i>Tuberculosis</i>			How long <i>Six mos.</i>		
	Immediate		<i>asthenia</i>			How long		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>S. J. Woods, M.D.</i>			
					Address <i>Dunes Quarter Somerset Co., Md.</i>			
	Accident or Suicide?		<i>no</i>					

